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FILED SEP 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28197

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville Mo. -0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Van	b. (Middle) Harrison	c. (Last) Bond	4. DATE OF DEATH (Month) (Day) (Year) sept 4th-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 8th-1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & surgeon	10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (State or foreign country) Union City Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert T. Bond	13b. MOTHER'S MAIDEN NAME Betty Harrison	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sadie Chambers	ADDRESS Breadantown Fla.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis		
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 15, 1953**, to **Sept 4, 1953**; that I last saw the deceased alive on **Sept 4, 1953**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Plummer, M.D. (Degree or title)	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 9/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-6-1953	24c. NAME OF CEMETERY OR CREMATORY Horner cemetery	24d. LOCATION (City, town, or county) (State) Hornersville Mo.
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DATE REC'D BY LOCAL REG. 9-7-53	REGISTRAR'S SIGNATURE Carl Husband	25. FUNERAL DIRECTOR'S SIGNATURE Leah Service	ADDRESS Kennett Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

172
RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-10-5
COUNTY FILE NUMBER 92-2-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edgar Lee Ford
Licensed Embalmer No. 4433
P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.